



**State of Rhode Island
Department of State - Business Services Division**

REC'D RIDOS BDD
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Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <u>001692071</u>		2. Exact name of the Corporation <u>1st Choice Fuel Inc</u>	
3. Principal Office Address <u>3 Pleasure Dr</u>		City <u>Cranston</u>	State <u>R.I.</u>
		Zip <u>02921</u>	
4. NAICS Code <u>L5L310</u>	6. Brief description of the character of business conducted in Rhode Island <u>oil delivery</u>		
5. State of Incorporation <u>R.I.</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Joshua Valentin</u>		Vice-President Name	
Street Address <u>3 Pleasure Dr</u>		Street Address	
City <u>Cranston</u>	State <u>R.I.</u>	Zip <u>02921</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<u>0</u>	
		<u>0</u>	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
Name of Authorized Representative <u>Joshua Valentin</u>			Date <u>4-16-24</u>
Signature of Authorized Representative 			FILED <u>245</u>

MAIL TO:
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Website: www.sos.ri.gov

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